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CONFIRMATION NO. 6180

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10/551,721	10/03/2005 RULE	400	3775	P268-US

APPLICANTS

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** CONTINUING DATA ****

This application is a 371 of PCT/IT03/00205 04/04/2003

** FOREIGN APPLICATIONS ****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Verified and	<input type="checkbox"/> Met after Allowance	ITALY	4	26	1
Acknowledged	<input type="checkbox"/> Examiner's Signature	Initials			

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TITLE

PNEUMATIC INSTRUMENT FOR TISSUE REMOVAL

FILING FEE RECEIVED 1040	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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